

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR <del>PATENT</del> FEE REFUND											
1 Date of Request: <u>10-22-96</u>		2 Serial/Patent # <u>08-694595-</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>375</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ <u>375-</u>								
8 TO BE REFUNDED BY:											
Treasury Check											
Credit Deposit A/C #:											
9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">1</td> </tr> </table>					1	6	--	2	1	3	1
1	6	--	2	1	3	1					
10 REASON:											
<input checked="" type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Dorothy Dixon</u>			TITLE: _____								
SIGNATURE: <u>Dorothy Dixon</u>			PHONE: <u>308-1901</u>								
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>			DATE: <u>10/30/96</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	070	1	08694595	00027	960823	960828	101	750.00
C	260	1	08694595	00199	961007	961015	581	40.00
C	260	1	08694595	00200	961007	961015	205	65.00

NO MORE TRANSACTIONS

END OF YOUR QUERY